## FORM D

BEC Mail Mail Processing Section

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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008

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# FORM D

MAY 22 2008 TICE OF SALE OF SECURITIES

PLIRSUANT TO REGULATION D, Washington,

SECTION 4(6), AND/OR

MAY 3 0 2008

**PROCESSED** 

**THOMSON REUTERS** 

SEC USE ONLY Prefix Serial DATE RECEIVED

UNIFORM LIMITED OFFERING EXEMPTION Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Bridge Financing Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE New Filing ☐ Amendment Type of Filing: A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Streetline, Inc. Address of Executive Offices: (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 995 Market Street, 16th Floor, San Francisco, CA 94103 (415) 609-4394 Address of Principal Business Operations: (Number and Street, City, State, Zip Code) Telephone N (if different from Executive Offices) Same Same Brief Description of Business: Manufacturer and seller of low-power mesh networked sensors. Type of Business Organization ☐ limited partnership, already formed Corporation other (please specif ☐ limited partnership, to be formed business trust Month Year Actual Estimated PRO Actual or Estimated Date of Incorporation or Organization: 0 6 0 5 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE CN for Canada; FN for other foreign jurisdiction)

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, NE, Washington, DC 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	7		A. BASIC IDENTII	FICATION DATA		
	er the information rec					
	•		er has been organized with	• •	sition of 100% o	r more of a class of equity
5	securities of the issuer;	;	•	•		•
	Each executive office and	er and director of	f corporate issuers and c	of corporate general and	managing partr	ers of partnership issuers;
• ]	Each general and man	aging partner of p	partnership issuers.			
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Na	ame (Last name first,	if individual)				
Dykstr	a, Tod					
	ss or Residence Addr	=	and Street, City, State,	•		
			th Floor, San Francisc			
Check	Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
	me (Last name first,	if individual)				
	James N.		10 0	2' 0 1)		
	ss or Residence Addr	•	and Street, City, State, 2 oad, Suite A-200, Palo	•		
	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or
Check	Box(es) that Apply.		Beneficial Owner	M Executive Officer	Director	Managing Partner
	ime (Last name first,	if individual)				
	olski, Mark J.					
	ss or Residence Addr eetline, Inc., 995 Ma	•	and Street, City, State, 2 th Floor, San Francisc	· •		
Check	Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Na	nme (Last name first,	if individual)				
Sulliva	n, Elizabeth					
	ss or Residence Addr	`	and Street, City, State,	. ,		
			th Floor, San Francisc		<u>.</u>	
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
	me (Last name first,	if individual)	•		•	
	, Shih Yu Thomas			<u> </u>		
	ss or Residence Addr	•	and Street, City, State, and Floor, San Francisc	•		
	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
CHECK	Box(es) that Apply.		M Belieficial Owlier			Managing Partner
Full Na	ame (Last name first,	if individual)				
Dykstr	a, Scott			· · · · · · · · · · · · · · · · · · ·		
	ss or Residence Addr	•	and Street, City, State,	•		
			th Floor, San Francisc			
Check	Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
	ame (Last name first,	· ·				
	Hill Ventures, A Ca					
	ss or Residence Addr	•	and Street, City, State,	•		
c/o Sui	tter Hill Ventures, 7	55 rage Mill Ro	oad, Suite A-200, Palo	AII0, CA 94304		<del> </del>
<del></del>		·				· . #4 William

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; • Each general and managing partner of partnership issuers. ☐ Director General and/or Check Box(es) that Apply: ☐ Beneficial Owner ☐ Promoter Managing Partner Full Name (Last name first, if individual) Michele Senders Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sutter Hill Ventures, 755 Page Mill Road, Suite A-200, Palo Alto, CA 94304 Check Box(es) that Apply: ☐ Beneficial Owner □ Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Jim Reich Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sutter Hill Ventures, 755 Page Mill Road, Suite A-200, Palo Alto, CA 94304 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Executive Officer ☐ General and/or ☐ Promoter Beneficial Owner ☐ Director Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Executive Officer □ Director ☐ General and/or Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or ☐ Promoter ☐ Beneficial Owner Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING													
									Yes No 🔲 🔯				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									🗀 🔯				
Answer also in Appendix, Column 2, it filing under OLOE.  2. What is the minimum investment that will be accepted from any individual?									\$ N/A				
2. What is the minimum investment that will be accepted from any murvidual:										Yes No			
			-	•	-								🛛 🗀
							or will be nnection v						
							aler regis						
list	the name	of the bro	oker or de	aler. If n	nore than	five (5) p	ersons to	be listed a	ire associa				
					for that b		ealer only.	NONE	<u> </u>				
Full Na	me (Last i	name first,	, it individ	ual)		N/A							
						a. n			21/1				•
Busines	ss or Resid	ience Add	ress (Num	iber and S	treet, City	State, Zij	Code)		N/A				
		. 15 1			_	27/4							
Name o	I Associa	ted Broke	r or Deale	ŗ		N/A							
Contract	. 33D.1.1. F	N	4. III C.	.11.14	Intends to	C.1'.'4 D.		•					
												_	
(Ch	eck "All S	States" or o	check indi	vidual Sta	tes)					•••••	*************		All States
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] [MT]	[IN] [NE]	(IA) [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[7N]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
	• •	name first,			()	N/A	[]	L v - J	1	F *1	1	[4 -4]	
Busines	s or Resid	lence Add	ress (Num	ber and S	trect, City	State, Zij	Code)		N/A	<del></del>			
Name o	f Associa	ted Broke	r or Dealer	r		N/A							
States i	n Which F	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	rchasers						
(Ch	eck "All S	States" or	check indi	vidual Sta	tes)		,			••••	************		All States
							[DE]						
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[נאז]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[NT]	[TX]	[UT]	[V]`]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
·													
									•				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND		
1.	Enter the aggregate offering price of securities included in this offering and the total amou already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchan offering, check this box \( \square\) and indicate in the columns below the amounts of the securit offered for exchange and already exchanged.	ge	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt (including warrants)	\$ <u>1,000,000</u>	\$ <u>1,000,000</u>
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ <u>1,000,000</u>	\$ <u>1,000,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securit in this offering and the aggregate dollar amounts of their purchases. For offerings und Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero.	ler ate	
	Investors	Number of Purchases	Aggregate Dollar Amount
	Accredited Investors	3	\$ 1,000,000
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (I months prior to the first sale of securities in this offering. Classify securities by type list in Part C - Question 1.	2) ed	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	Security	<b>C</b>
	Regulation A		\$
	Rule 504N/A		\$
	Total		•
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution in this offering. Excluded amounts relating solely to organization expenses of the information may be given as subject to future contingencies. If the amount of an exknown, furnish an estimate and check the box to the left of the estimate.	ne issuer. The	<u> </u>
	Transfer Agent's Fees	***************************************	□ s
	Printing and Engraving Costs		□ \$
	Legal Fees		<b>□</b> \$ 5,000
	Accounting Fees		□ S
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		 \$
	Other Expenses (identify) Miscellaneous		□ \$

**S** 5,000

`	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND U	SE OF PROCEED	S		٠
	b. Enter the difference between the aggregate offe Question 1 and total expenses furnished in resp difference is the "adjusted gross proceeds to the issue the control of t	onse to Part C - Question 4.a. This			\$995,0	<u> 000</u>
5.	Indicate below the amount of the adjusted gross probe used for each of the purposes shown. If the furnish an estimate and check the box to the left of listed must equal the adjusted gross proceeds to the Question 4.b above.	amount for any purpose is not known, the estimate. The total of the payments				
			Payments to Officers, Directors, & Affiliates			ents To
	Salaries and fees		□ <b>\$</b>		\$	
	Purchase of real estate		□ \$		\$	
	Purchase, rental or leasing and installation of m	nachinery and equipment	□ \$		\$	
	Construction or leasing of plant buildings and f	facilities	□ \$		\$	
	Acquisition of other businesses (including the this offering that may be used in exchange for the second se	the assets or securities of another		_		
	issuer pursuant to a merger)					
	Repayment of indebtedness					
	Working capital		<b>S</b>		\$	995,000
	Other (specify)		<b>S</b>		\$	
	Column Totals		<b>S</b>	$\boxtimes$	\$	995,000
	Total Payments Listed (column totals added)	<b>⊠</b> <u>\$</u>		995,000	<u>0</u>	
	D.	FEDERAL SIGNATURE			·	<del></del>
llov	suer has duly caused this notice to be signed by the ing signature constitutes an undertaking by the issuestaff, the information furnished by the issuer to any notice.	er to furnish to the U.S. Securities and Exchanon-accredited investor pursuant to paragraph (b	ge Commission, up			
	(Print or Type) line, Inc.	Signature	Date - 20/200			
	of Signer (Print or Type) bykstra	Title of Signer (Print or Type) Chief Executive Officer	-			

ATTENTION Intentional misstatements or omissions of facts constitute federal criminal violations. (See 18 U.S.C. 1001.)

